

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

## PLAINTIFF

United States of America

COURT CASE NUMBER  
C.A. No. 04-331E

## DEFENDANT

JAMES W. CRUM, JR. and JOANNE M. CRUM

TYPE OF PROCESS  
Writ of Execution/Notice of Sale

## SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
JOANNE M. CRUMADDRESS (Street or RFD, Apartment No., City State and ZIP Code)  
32 PARKLANE DRIVE, PORT ALLEGHENY, PA 16743

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

Gary W. Darr, Esquire  
McGrath & Associates, PC  
Three Gateway Center  
401 Liberty Avenue, 13<sup>th</sup> Floor  
Pittsburgh, PA 15222

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Serve the above individual by certified mail, return receipt requested. If mail is returned "unclaimed", serve personally. Must serve before March 20, 2006, which is 30 days before the date of the sale. When filing your return on this 285 form, please attach extra set of copies of mailed documents which we provided herewith.

Signature of Attorney or other Originator requesting service on behalf of	<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	TELEPHONE NUMBER	DATE
		(412) 281-4333	January 18, 2006

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only if different than shown above)

Date  
2-2-06  
Signature of U.S. Marshal or Deputy  
Shirley Bissell

Time

 am pm

Service Fee	Total Mileage Charges Including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: 2/1/06 Certified 9842 8020 6064

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any, and copy payable to U.S. Marshal.
5. ACKNOWLEDGMENT

EXHIBIT

A

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

7005	1820	0004	0815	1394	OFFICE OF THE POSTMASTER GENERAL	U.S. POSTAL SERVICE	
							
						Postage	\$ .39
						Certified Fee	\$ 2.40
						Return Receipt Fee (Endorsement Required)	\$ 1.85
						Restricted Delivery Fee (Endorsement Required)	
						Total Postage & Fees	\$ 4.64

*Sent To*  
**Mr. James W. Crum, Jr.**  
*Street, Apt. No.,*  
*or PO Box No.*  
**62 Rinaman Road**  
*City, State, ZIP+4*  
**Eldred, PA 16731**

PS Form 3800, June 2002      See Reverse for Instructions

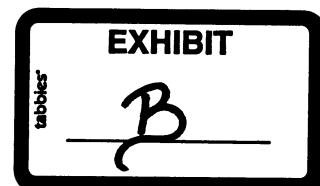
U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

7005	1820	0004	0815	1387	OFFICE OF THE POSTMASTER GENERAL	U.S. POSTAL SERVICE	
							
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						Return Receipt Fee (Endorsement Required)	\$ 1.85
						Restricted Delivery Fee (Endorsement Required)	
						Total Postage & Fees	\$ 4.64

*Sent To*  
**Mr. James W. Crum, Jr.**  
*Street, Apt. No.,*  
*or PO Box No.*  
**RR #2, Box 196**  
*City, State, ZIP+4*  
**Eldred, PA 16731**

PS Form 3800, June 2002      See Reverse for Instructions



IN THE UNITED STATES DISTRICT COURT FOR  
THE WESTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA, )  
                                )  
Plaintiff,                 ) CIVIL NO.: 04-331E  
                                )  
vs.                         )  
                               )  
JAMES W. CRUM, JR. and     )  
JOANNE M. CRUM,             )  
                               )  
Defendants.                 )  
                               )

**ORDER OF COURT**

AND NOW, to-wit, this 10 day of August 2005, upon consideration  
of the within Motion for Special Order of Service of Summons and Complaint, IT IS HEREBY  
ORDERED that Plaintiff's Motion is GRANTED, and Plaintiff is authorized to serve Defendant,  
James W. Crum, Jr., with the Summons and Complaint and any additional document or pleading  
requiring service in the manner prescribed by Pa. R.C.P. 402(a) by sending a copy of the document  
or pleading via First Class U.S. Mail, Postage Prepaid, Certificate of Mailing and Certified Mail,  
Return Receipt Requested to RR #2, Box 196, Eldred, PA 16731 and 62 Rinaman Road, Eldred, PA  
16731 with service to be deemed valid and complete upon mailing. IT IS FURTHER ORDERED  
that the period to serve Defendant is enlarged sixty (60) days from the date of this Order.

Sean J.  
McLaughlin

Digitally signed by Sean J.  
McLaughlin  
DN: CN = Sean J. McLaughlin, C  
Date: 2005.08.10 14:43:51 -04'00'

United States District Judge

Name and Address of Sender		Check type of mail or service:			Affix Stamp Here (If issued as a certificate of mailing, or for additional copies of this bill)									
<b>McGrath &amp; Associates, P.C.</b> Three Gateway Center 401 Liberty Avenue, Suite 1375 Pittsburgh, PA 15222		Certified <input checked="" type="checkbox"/>	Recorded Delivery (International) <input type="checkbox"/>	U.S. POSTAGE 1 3 4 0	P B 3 5 3 0 9 8 9									
		COD <input type="checkbox"/>	Registered <input type="checkbox"/>	5 1 6 5 \$ 02.40 0	F E B 2 3 2 0 0 6									
		Delivery Confirmation <input type="checkbox"/>	Return Receipt for Merchandise <input type="checkbox"/>	5 0 5 0 MAILED FROM ZIP CODE Date of Receipt	1 5 2 2									
		Express Mail <input type="checkbox"/>	Signature Confirmation <input type="checkbox"/>	Actual Value Insured if Registered	Due Sender Fee if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee				
		Insured <input type="checkbox"/>												
1.	Mr. James W. Crum, Jr. RR #2, Box 196 Eldred, PA 16731		Postage Fee	.39	.30									
2.	Mr. James W. Crum, Jr. 62 Ringman Road Eldred, PA 16731		Handling Charge											
3.	Capital One Bank 6851 Jenicho Turnpike #190 Syosset, NY 11791	.39	.30											
4.	Jan Knight, Tax Collector 3175 Route 46 Smethport, PA 16749	.39	.30											
5.	Tax Claim Bureau McKean County Courthouse 500 West Main Street Smethport, PA 16749	.39	.30											
6.	McKeon County Domestic Relations 500 West Main Street Smethport, PA 16749	.39	.30											
7.	McKeon County Treasurer's Office P.O. Box 1565 500 West Main Street Smethport, PA 16749	.39	.30											
8.	McKeon County Assessor's Office 500 West Main Street Smethport, PA 16749	.39	.30											

Total Number of Pieces  
Listed by Sender

8

Total Number of Pieces  
Received at Post Office

8

Postmaster, Per Name of receiving employee

8

Delivery Confirmation

Signature Confirmation

Special Handling

Restricted Delivery

Return

EXHIBIT

Squares

C

PITNEY BOWES<sup>TM</sup>

TM

See Privacy Act Statement on Reverse